

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL**  
**LICENSING**  
**APPLICATION FOR LICENSURE**

**CERTIFIED ALTERNATIVE DISPUTE**  
**RESOLUTION PROVIDER**

DOPL-AP-087 REV 12/18/2000

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements for 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents and Fees:**

1. Submit the original letter from Experiior documenting your passing score on the ADRP Utah Law and Rule Examination.
2. Submit a "Verification of Experience" form documenting at least 32 clock hours of experience as an arbitrator, mediator, or negotiator

OR

an official transcript(s) documenting completion of 30 clock hours of education in arbitration, mediation, or negotiation AND a "Verification of Experience" form

documenting 3 separate cases or 10 clock hours of experience as an arbitrator, mediator, or negotiator.

3. Submit the \$75.00 non-refundable application processing fee.

**Additional Important Information:**

1. **Law and Rules Exam:** All applicants for licensure must pass the ADRP Utah Law and Rule Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.  
You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at  
<http://www.commerce.state.ut.us/DOPL/dopl1.htm>

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Alternative Dispute Resolution Providers Certification Act
  - ☐ Alternative Dispute resolution providers Certification Act Rules
2. **Certification:** The Division will issue certification in the following classifications:
    - ☐ Certified Alternative Dispute Resolution Provider - Arbitrator
    - ☐ Certified Alternative Dispute Resolution Provider - Mediator
    - ☐ Certified Alternative Dispute Resolution Provider - Negotiator
  3. **Voluntary Certification:** Certification is voluntary. Anyone may advertise or engage in the practice of alternative dispute resolution without certification. However, the title "Certified ADRP" is restricted to only those who are certified with the Division.
  4. **Renewal of Licensure:** is September 30 of each even-numbered year. The Division will mail a renewal notice to your address of record approximately 4 months prior to the expiration date.
  5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

**Make Licensure Fees Payable To:**

DOPL

**Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

**Telephone Numbers:**

Direct Dial: (801) 530-6162  
(801) 530-6727

Utah Toll Free: (866) ASK-DOPL  
(866) 275-3675

**Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License/Certificate/Registration Applying For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**APPLICATION FOR:**

\_\_\_\_ Certified Alternative Dispute Resolution Provider - Arbitrator

\_\_\_\_ Certified Alternative Dispute Resolution Provider - Mediator

\_\_\_\_ Certified Alternative Dispute Resolution Provider - Negotiator

**EDUCATION AND TRAINING (use additional sheets if necessary):**

Category of Education:

\_\_\_\_ Arbitration \_\_\_\_ Mediation \_\_\_\_ Negotiation

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Hours: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

Name of Course: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Hours: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

Name of Course: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Hours: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

Name of ADR Workshop, Seminar, or Training Program Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Title of Program:\_\_\_\_\_

Name of Instructor:\_\_\_\_\_

Date Completed:\_\_\_\_\_Hours:\_\_\_\_\_

Course Description:\_\_\_\_\_

\_\_\_\_\_

Name of ADR Workshop, Seminar, or Training Program Facility:\_\_\_\_\_

Address of Facility:\_\_\_\_\_

Title of Program:\_\_\_\_\_

Name of Instructor:\_\_\_\_\_

Date Completed:\_\_\_\_\_Hours:\_\_\_\_\_

Course Description:\_\_\_\_\_

\_\_\_\_\_

### **LICENSES:**

List all licenses, registrations or certifications issued by any state which you now hold or have ever held in Alternative Dispute Resolution.

Issuing State:\_\_\_\_\_

Profession:\_\_\_\_\_

Issuing State:\_\_\_\_\_

Profession:\_\_\_\_\_

# ADRP QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
8. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. \_\_\_\_\_ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
10. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

**If you answer yes to question 9 or 10 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and**

**EVERY arrest and/or conviction within the past ten years.**

11. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
12. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
13. \_\_\_\_\_ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:\_\_\_\_\_

Date of Signature:\_\_\_\_\_

Printed Name of Applicant:\_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## VERIFICATION OF WORK EXPERIENCE

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Category of Experience:

\_\_\_\_\_ Arbitration \_\_\_\_\_ Mediation \_\_\_\_\_ Negotiation

In chronological order list qualifying experience for certification. Use additional sheets if necessary.

**CASE 1:**

Date of Case: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total No. of Hours: \_\_\_\_\_

Nature of Case: \_\_\_\_\_

\_\_\_\_\_

Answer "Yes" or "No"

\_\_\_\_\_ I conducted the case independently.

\_\_\_\_\_ I conducted the case under supervision.

Person Who Can Verify That You Conducted The Case:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CASE 2:**

Date of Case: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total No. of Hours: \_\_\_\_\_

Nature of Case: \_\_\_\_\_

Answer "Yes" or "No"

\_\_\_\_\_I conducted the case independently.

\_\_\_\_\_I conducted the case under supervision.

Person Who Can Verify That You Conducted The Case:

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

**CASE 3:**

Date of Case:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Total No. of Hours:\_\_\_\_\_

Nature of Case:\_\_\_\_\_

\_\_\_\_\_

Answer "Yes" or "No"

\_\_\_\_\_I conducted the case independently.

\_\_\_\_\_I conducted the case under supervision.

Person Who Can Verify That You Conducted The Case:

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

Nature of Case:\_\_\_\_\_

\_\_\_\_\_